Change of Residence Address

Please change my home address to:

NEW ADDRESS

Please print or type	e full legal name			
NAME:				
	First	Middle	Last	
ADDRESS:				
	Number	Street	P.O. Box	
	City	State	Zip Code	
		OLD ADDRESS		
Please print or type	e full legal name			
NAME:				
	First	Middle	Last	
		Social Security Number	r	
ADDRESS:		•		
ADDRESS.	Number	Street	P.O. Box	
	City	State	Zip Code	
Licensee Signature): 	Date:		
Mail or fax form to):			
Ken	ntucky Real Estate Con	nmission		
102	200 Linn Station Rd., S			
	nisville, KY 40223 2) 429-7250 or Toll fre	ee: 1-888-373-3300		
FAX	X (502) 429-7246			
Wel	b Address: www.krec.	.ky.gov		

Note There is no charge for a home address change. Refer to document #201 if this is also your business address.